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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 742114-14 |
| In re Application of Flemming MUNK | | |
| Application Number 10/531,181 | | Filed 04/11/2005 |
| For METHOD FOR ARBITRARY TWO-DIMENSIONAL SCALING OF PHONOCARDIOGRAPHIC SIGNALS | | |
| Group Art Unit 3766 | | Examiner Jon Eric C. Morales |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

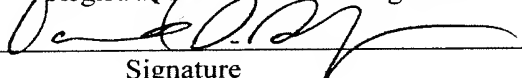
- ☐ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____
☐ Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ _____
☒ Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ 1050.00
☐ Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____
- ☐ Applicant claims small entity status.
☐ A check to cover the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478(742114-14).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____.



 Signature

November 6, 2007

 Date

David S. Safran

 Typed or printed name

703-584-3273

 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.